Medical Economics and Public Health

Nationalize! Centralize! These seem to be the slogans of individuals who do not understand what the fundamental American system is, and who would like to change our system after a foreign pattern. Why, we fought the Revolution to escape a concentration of power unwisely used. Our forefathers were determined that they would make no such mistakes in America. Power was to be wisely distributed and jealously guarded.—United States Senator Overman.

As a Prominent Attorney Sees It—The prevailing multiple standard statutes put the cart before the horse. They have been framed under the high pressure of selfish, thoroughly organized, extravagantly paid lobbies of one idea and one purpose that persistently throng legislative chambers and propagate error, seeking means for their own profit through improvident legislation, substantially unopposed by any sufficiently organized rival force devoted zealously to supplying to legislators correct information upon the serious subjects involved. The ill-prepared doctor who becomes the champion of low standards is commonly engaged in trying to perpetuate his existing means of livelihood without further preparations, and, therefore, spends his money lavishly, devotes all of his time if necessary, and fights hard to win. The skilled doctor who becomes the advocate of reasonable standards is commonly working against his own interest, impelled by an earnest desire to protect the public health and to make his profession honorable, learned, and efficient. But the issue does not involve his bread-and-butter pursuit. He, therefore, presents his information, offers his advice, and departs. His adversaries stay on the job. — H. E. Kelly, Chicago.

The nurse inspects the child, no longer to find defects, but rather to find the normal, and if not normal to find out why and seek a way to attain normality.—Elnora E. Thomson, R. N. (Pacific Coast Journal of Nursing).

"Physicians, with the same justification that urged them to sponsor health safeguards, may object to health departments arrogating to themselves the field of private practice," says the Ohio Medical Journal editorially. "Health departments were established to safeguard public health and educate the public. Health departments were not established to furnish wholesale medical service to the general public, whether it be diagnostic, treatment, or after care.

"The diagnosis, treatment, and after care of patients is the duty of the private physician. Such is the field of private practice. Encroachments upon this field by health agencies is a step in the wrong direction and one which eventually will augur to the discredit of the health department through a loss of popular support of its policies.

"When the private field of medical practice is invaded by government, free medical service is rendered. There is no more reason for this than free groceries, hardware, or a thousand other material things which life demands. Recognized exceptions are, of course, proper educational health efforts and care of the indigent and public wards."

"Public opinion is today perhaps more critical of physicians than at any time in the past, not excepting Molière's day," says David Riesman (A. M. A. Bulletin). "Even some of the leaders in medicine are saying harsh things, to my mind not quite justified, of the rank and file of our profession. Our work is being scrutinized; we are held answerable in many directions.

Choice of Physicians by the Employe—The question whether the employer or the employe shall have the right to choose the physician has no essential relation to the theory underlying the workmen's compensation acts. The expense of treatment can be equally well charged to industry and ultimately paid by the consumer, no matter who makes the choice. Presumably, the workman who has freedom of choice will procure the best medical services available, and no one has ever yet proposed that, in the exercise of his right to choose, the workman shall be debarred from choosing any medical service the employer may provide. The employer, then, who insists that the workman shall not be given freedom of choice is in the position of contending: (1) That the workman is willing to submit himself knowingly to inferior medical treatment in order to obtain the services of a physician whom he believes is not biased in favor of the employer; (2) that the workman is too stupid to choose the best service even when it is placed before him, or (3) that the service offered by the employer is not the best, but must be forced by law on the unwilling employe. As a matter of fact, to allow injured workmen to choose between the medical service offered by an employer and the medical service obtainable elsewhere should stimulate a healthy competition for excellence of service in the plant and among competing physicians, and thus result in the maintenance of the highest possible grade of professional services in the community.—W. C. Woodward, M. D. (A. M. A. Bulletin).

Physicians on Compensation Commissions—The decisions of most commissioners or deputy commissioners who are not physicians will frequently reflect their lack of medical knowledge.

To remedy this situation, the compensation commission must have one medical member. Until such time as adequate remuneration is paid by the state for such service, this may be hard to accomplish, but it should be insisted on by the various state medical societies; and when proper medical relations are established between the employer and the employe, and with the compensation commission, inadequate legislation can of a certainty be corrected.—L. H. Childs, M. D. (A. M. A. Bulletin).

Life Insurance Without Medical Examination—Because, it is said, of improvements in health of its policyholders, the Prudential Insurance Company is now considering applications, without medical examinations, for additional ordinary insurance, on the life of any policyholder up to and including 45 years of age, on whose life an ordinary policy has been issued at standard rates with full medical examination within twelve months prior to the application for new insurance. The amount may be up to $10,000, but must not exceed the amount of the preceding policy, except where it was for only $1000. In that event the new policy may be for $2000. This concession also applies to policies on the lives of women.

District of Columbia Gets Disease Control Law—After five years of legislative history the venereal disease control bill for the District of Columbia was signed by the President on February 26. In spite of the fact that the bill has been on the verge of enactment at several times in the past, it did not become law until the closing days of the last session of the Sixty-eighth Congress, although every state in the Union has had some sort of a venereal disease control measure since 1921. The fact that sentiment for the Gilbert bill persisted for so long a time in the face of repeated legislative delays goes to show that the need for such a measure was keenly felt by residents of the District.

Under the provisions of the law, the chief officer of every hospital, dispensary, sanitarium, and penal institution must report to the health department cases of venereal disease as soon as they are discovered. The judges of the juvenile and criminal courts must report any persons appearing before them who are suspected of being venereally infected. Private physicians are required to make a similar report within ten days after a case has come under their control. The District law provides that these reports be kept confidential by the health officer and his agents. According to the Division of Venereal Dis-

eases of the United States Public Health Service, all of the states now have regulations requiring such reporting of cases of venereal disease.

In common with the regulations of thirty-five states, the District act provides that prostitutes, keepers of disorderly houses and persons convicted of any sexual crime are presumed to be a source of infection and are subject to examination. The health officer is required to employ for the protection of public health all such regulatory measures as may be necessary to prevent the spread of these diseases. He is also required to use every available means to ascertain the existence of venereal disease and the source of the infection. Persons against whom there is no criminal charge, but who are reasonably suspected of being infected, may be examined by the health officer upon consent of the parties. If, however, such persons withhold consent, an examination may be ordered by the court. A violation of such an order by continued refusal is punishable as contempt of court. In forty-three of the states the health officer is given express power to quarantine persons known to be infected with venereal disease. Nine of these states go even further, allowing the officer to placard the premises under certain conditions.

Twenty-nine states have laws which prohibit the advertising of preparations for the treatment of venereal diseases in lay publications, or which prevent the sale of such medicine to a lay person except on the prescription of a licensed physician. A like clause exists in the District law. Nineteen states have found it advisable to regulate the employment of the venereally diseased, and in the District of Columbia the law prohibits persons suffering from venereal disease, in a form likely to be a source of infection to others, from being employed as barbers, masseurs, cooks, bakers or other producers or handlers of food or drink, or from working in any other occupation in which the disease might endanger the public health.

Under the new law, it is compulsory upon physicians to advise their patients as to measures which they should take to prevent the spread of these diseases. They are also required to report all of the indigent cases which may come to their notice. The board of health is under obligation to take care of such cases and to see that they are given the proper treatment according to approved standards. Practically all of the states have some way of taking care of such indigent cases.

Four Recovered Lepers Discharged From National Leprosarium — The conditions under which lepers are released from this institution are exceedingly rigid. They require special observation for a period of one year, including monthly bacteriological examinations, to show that the leprosy bacillus is absent from the tissues. Certification of cure is also required from a board of three medical officers stationed at the hospital and experienced in leprosy.

The treatment at Carville includes the use of chaulmoogra oil, special preparations of mercury used intravenously, x-ray therapy, surgery of superficial areas of involvement, hydro-therapy, and the violet ray. The results of treatment have been sufficiently encouraging at this institution to induce numerous other patients, of whom there are believed to be several hundred in the United States, to agree to their transfer. A special car fitted up for the purpose, and carrying a doctor and a nurse, was used in the transfer last week of eleven patients from Florida, and seven were brought from California. There are at present 236 leper patients at Carville.

Good Advice—Do not get too deeply absorbed, to the exclusion of all outside interests. Success in life depends as much upon the man as upon the physician. You are to be members of a polite as well as of a liberal profession, and the more you see of life outside the narrow circle of your work, the better equipped you will be for the struggle.—Osler.

Medicine Before the Bench

Findings and Comments of the Courts on Acts and Omissions of Doctors

(EDITOR'S NOTE—*The law reports contain many interesting decisions, involving the reputations and fortunes of doctors. In this column in each issue a brief summary of one or more decisions and comments of the several courts of last resort upon the cases will appear. The matter will be selected by our general counsel, Hartley F. Peart, who, with Hubert T. Morrow, attorney for Southern California, will contribute from time to time.*)

In a comparatively recent decision the plaintiff, a child of 5 years of age, brought suit against a physician claiming that he had negligently diagnosed her condition and applied improper treatment. It appeared that plaintiff had sustained a fall, by reason of which a fracture to the hip resulted. The bone of the leg near the ankle-joint was also split. A few days later it developed that plaintiff was also suffering from osteomyelitis. The defendant failed to discover the fracture to the hip, but applied tight bandages and a cast on the fractured ankle. The plaintiff alleged that defendant "unskillfully placed said limb, which was then sore, swollen, tender and inflamed, in a plaster of paris cast and negligently made the same so tight as to greatly impede and stop circulation; that because of said treatment mortification set in, and a septic condition and blood poisoning resulted, extending throughout her whole body," making subsequent operations necessary to save the plaintiff's life. A verdict was rendered by the jury in favor of the plaintiff, and upon appeal therefrom the court in affirming the judgment said:

"It is the duty of a physician or surgeon to use that reasonable care and diligence ordinarily exercised by members of the profession in similar cases under like conditions, and failure so to do constitutes negligence on his part.

" . . . In other words, the implied obligation of the physician or surgeon to his patient is that no injurious consequences shall result to him from want of proper learning, skill, care, and diligence."

With respect to the contention of the defendant physician that since he was highly trained in his profession and, in fact, possessed all the necessary care and skill qualifying him to practice his profession, the verdict could not stand, the court continued:

"The question of negligence, or failure to exercise ordinary skill and care in the treatment of any particular case does not depend upon the professional skill and learning of the physician, but is to be determined from a consideration of his acts, conduct, omissions, and treatment in the particular instance. If he possessed the highest degree of skill and learning in his profession, and failed to exercise the care and diligence required by the law in treating his patient, his skill and learning could not shield him from the consequences of such negligent treatment. On the other hand, if he did not possess the skill and learning required by the legal standard, but his treatment in the particular instance was proper, he could not be held liable for the want of such skill which resulted in no injury to the patient. . . .

"We have examined the questions presented in relation to the evidence and instructions given and refused, and find no reversible error. The judgment is affirmed."

Bryan to the Contrary Notwithstanding—The *moral* principle inherent in evolution is that nothing can be gained in this world without an effort; the *ethical* principle inherent in evolution is that the best only has the right to survive; the *spiritual* principle in evolution is the evidence of beauty, of order, and of design in the daily myriad of miracles to which we owe our existence.—Henry Fairfield Osborn (The Forum).